Distribution: Yellow: Licensee White: Licensing Consultant

CORRECTIVE ACTION PLAN

BUREAU OF CHILDREN AND ADULT LICENSING Michigan Department of Human Services

License/Registr	ation Number:	Facility or Lice	nsee/Regist	trant Name:					
Street Address:					City:		Zip Code:	Date:	
Rule No.	Corrective Action							Will Be Corrected By	
Comments:									
Licensee/Registrant Signature:								Date:	
Instructions for use:									
1. <u>Verb</u> 2. Hav e	ally discuss	registrant wr	ions with thite out a C	he licensee/d Corrective A	designee at ction Plan,	the exit confersign and date	ence.		

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.